

August 28, 2012

Anita Westbrook, Administrator

Sequoyah Adolescent Treatment Center

3405 W. Pan American Fwy

Albuquerque, NM 87107

Re: Memorandum of Concern

Ms. Westbrook,

This Memorandum of Concern is being presented to you by the employees of Sequoyah Adolescent Treatment Center to advise you of what we see as a crisis at Sequoyah for the residents and staff, as well as the community. On behalf of the children entrusted to our care, we feel ethically and morally bound to present our concerns of improper, if not unlawful acts.

Sequoyah has long been respected in the mental health community for providing quality care to a difficult population of mentally ill clients who, because of their violence, cannot be served in any other program. Sequoyah has been licensed and certified by CYFD as a residential treatment center since 1992 and is accredited by The Joint Commission. Recent and dramatic changes at Sequoyah have led to serious concerns about the quality of mental and behavioral health services currently being provided to our residents, as well as to the future of the facility. These changes in procedures and practices have led to violations of Sequoyah policies and are seriously compromising and impeding staff in delivering services, resulting in poorer outcomes for our residents and increased injuries for both staff and residents.

Additionally, we are concerned that changes in expectations may compromise our mission and be in violation of the purpose of Sequoyah as described in the New Mexico state statute, Chapter 23, Article 9, which is to “provide care, treatment and reintegration into society for adolescents who are violent or who have a history of violence and have a mental disorder and who are amenable to treatment” and “provide a residential treatment program designed for treating adolescents with serious emotional disturbances for the purpose of developing

skills necessary for successful transition into the community”. Sequoyah is unique among Department of Health facilities as well as other residential treatment centers. We are obligated to actively work with our clients to help them reintegrate successfully into the community, not pacify them to avoid physical restraints. We recognize and support this administration’s goal to reduce the use of emergency safety interventions; however, we want to ensure that this goal does not result in an undermining of the mission, philosophy, and reality of Sequoyah.

Specific concerns include the following:

I. Quality of services

- There has been deterioration in resident behavior and mental status, particularly in residents who had previously been stable. Several residents who previously had a positive response to treatment who are now requiring restraints, numerous IM injections, and have had an overall decline of mental status, mood, and behavior.
- In a recent situation, a resident made a suicide attempt. There were substantial bruises on his neck caused by his attempt to strangle himself. He stated the reason he wanted to die was because he feels terrible since his medication has been changed. This resident has been complaining about his mood since his medication was changed, and his pleas for help continue to be ignored by the doctors responsible for his care.
- Recent data about seclusion and restraint indicates a decrease in the overall number of emergency safety interventions. However, the data is skewed due to the questionable discharge of three outliers who generated many of the restraints. Additionally, there are currently 9 out of 36 resident vacancies, which is a 25% vacancy rate, further skewing the data. Additionally, the data does not include IM injections as emergency safety interventions even though auditing agencies may interpret these as chemical restraints.
- It has been stated that even though 25% percent of the residents are doing worse, 75% are doing better. We assert that more than 75% were stable a few months ago, and the 75% referred to are not actually better, but are remaining stable.
- Residents are being abruptly discharged without preparation. The perception is that residents who require “too many” restraints are being discharged to meet the explicitly stated primary goal of this administration to reduce the use of restraints, rather than to treat our violent, mentally-ill target population in accordance with our mission.
- There are an unprecedented number of vacant beds. There are 9 vacant beds, which represents a quarter of the facility and one entire lodge. Obviously this means that there is less revenue being generated, but staff are also concerned that it indicates either a lack of referrals or a foreshadowing of the decline of the facility and potentially the loss of jobs. The implied reason for one recent referral being rejected was due to his gang affiliation and the perception that gang

affiliated children are more prone to violence. If Sequoyah is rejecting children who may be violent, we are violating our mission.

II. Violations of policy, procedure, and established practice

- Sequoyah has used the JKM Safe Crisis Management system for addressing crisis behavior for over 10 years. Direct care staff have been trained and re-trained in proven de-escalation techniques, managing crisis incidents, and providing safety. SCM is a nationally recognized intervention program that adheres to best practice guidelines. The basic tenets of SCM philosophy are in line with state and federal regulations, and the SCM guidelines permeate our policy and procedure in regard to dealing with the crisis behaviors that are inevitable with our target population.
- Recent changes disregard well-established and practiced de-escalation techniques endorsed by SCM provided by well-trained and highly skilled direct care staff. Use of PRN medications, particularly IM injections have in practice become the preferred intervention over de-escalation techniques. Doctors have directed staff not to talk to residents and have instead offered medication as a first response to escalating behavior. Staff are prevented from intervening in situations which SCM and Sequoyah policy indicate a child requires intervention to prevent further escalation or, in the most troubling incidents, to keep from continuing to self-harm to the point of visible injury.
- Written policy and procedure has not been updated to reflect changes, nor has training been provided to staff, which has resulted in paralysis of staff to intervene in situations they previously would have handled adeptly. There have been numerous instances of residents physically assaulting one another, typically a rare occurrence at Sequoyah, and the increased aggression directed at each other may be indicative of the residents sensing the instability of the milieu.
- You have clearly put the new staff Psychiatrists in charge of many aspects of the program at Sequoyah. It is concerning that they have not been trained and oriented as required by licensing and certification. They have been minimally oriented to SCM, Sequoyah policy, and state guidelines, but are now in charge of determining the rationale for the use of emergency safety interventions as well as implementing their use. We are concerned that not all emergency safety interventions are being implemented in accordance with Sequoyah policy and state and federal guidelines.
- Sequoyah uses a behavior management system to effect change in residents. The goal of Sequoyah, as stated in our mission, is to assist violent, mentally-ill adolescents to develop skills necessary to transition to less restrictive settings in the community. Recently, there has been disregard for and undermining of the behavioral management system which has adversely affected the residents. Residents have been promised food and gifts if they will stop being aggressive or self-harming, undermining established and effective behavioral management strategies and therapeutic interventions, and resulting in a reinforcement and therefore increase in such behaviors.

III. Working conditions, overall staff dissatisfaction

- There is a strong sense that administration is not well-informed about, nor values or respects the work done by direct care staff, which has resulted in staff morale that is at an all time low. Staff who do not feel valued or appreciated are not performing at their best, and declines in job performance are becoming more apparent as overall motivation has dropped off. Many long-term, highly dedicated staff have quit or may quit. This ultimately results in decreased quality of care for our residents.
- Also adversely affecting morale is the attitude of administration that it is easier to hire new staff than it is to work with experienced staff who you perceive as being resistant to change. A theme in the facility is “everyone is replaceable” and therefore staff do not feel valued. On many occasions, staff have expressed that they feel communication is lacking, and they are unable to acclimate to changes because they are not adequately informed of the changes.
- Staff satisfaction surveys were distributed a few months back, but no feedback was given to staff regarding the survey, nor are staff aware of any effect their input may have had.
- There is an atmosphere of fear of retaliation, retribution, and loss of jobs if staff ask questions, do not agree, or do not understand the expectations. Staff have not been adequately advised or trained on expectations, and are unsure how they are expected to perform their job duties. They are then scolded for failing to act and are blamed for resident problem behavior.
- Reluctance of staff to report what they perceive as medical neglect (such as when they are prevented from intervening when a resident is repeatedly punching himself in the face, causing bleeding, abrasions, and bruising) for fear of retaliation.
- With many staff leaving and vacancies not being filled, the remaining staff are being overburdened with additional duties. Many staff feel they are unable to accomplish their basic job duties due to the expectation that they will pick up the slack caused by vacant positions. The result is staff who are burnt out and therefore less effective. Compromising the effectiveness of front line staff , especially, increases the risk of injury to both staff and residents.

Further, there are concerns about inappropriate use of taxpayer funds. The resident living areas are falling further into disrepair, while administrative areas have been renovated and are maintained. The project to renovate the cafeteria, which has been said to have cost several thousand dollars and was renovated specifically for a meeting, compromised the overall care of clients because maintenance and housekeeping staff were tied up for a long period and were therefore unable to attend to their routine duties. Additionally, the residents were kept from eating in their cafeteria for many days and therefore did not have access to extra portions of food.

We implore you to consider our concerns, and at minimum at least slow down and evaluate the changes that are being implemented. We feel it is in the best interests of our clients to make improvements to our program,

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but they should be made thoughtfully and gradually so that staff may be adequately informed and trained, and so that we can ensure we are indeed making changes that benefit rather than harm the clients.

Pursuant to the Whistleblowers Act (Article 16C), which states “A public employer shall not take any retaliatory action against a public employee because the public employee: A. communicates to the public employer or a third party information about an action or a failure to act that the public employee believes in good faith constitutes an unlawful or improper act”, the employees of Sequoyah Adolescent Treatment Center sign this document without fear of retaliatory action.